Please type a plus sign (+) inside this box PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorne	ey Docket No.	26H-006					
First In	ventor or Applic	ation Identifier	MIURA et al.				
Title	FILLER N	CK		-			
_							

Fax

(703) 707-9112

(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b)) Express Mail Label No. Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: Mail Stop Patent Application See MPEP chapter 600 concerning utility patent application contents. Alexandria, VA 22313-1450 ۵. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Microfiche Computer Program (Appendix) 5. m Nucleotide and/or Amino Acid Sequence Submission Specification Total Pages 6. (if applicable, all necessary) a. Computer Readable Copy -Descriptive title of the Invention b. -Cross Reference to Related Applications Paper Copy (identical to computer copy) C. -Background of the Invention Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS -Summary of the Invention -Brief Description of the Drawings Х 7. Assignment Papers (cover sheet & document(s)) -Detailed Description of the Preferred Embodiment -Claims 37 C.F.R.§ 3.73(b) Statement Power of 8. Attorney (when there is an assignee) -Abstract of the Disclosure 9. English Translation Document (if applicable) X Information Disclosure Copies of IDS 3. 8 Drawing(s) (35 U.S.C. 113) 10. Total Sheets 1 Statement (IDS)/PTO-1449 1 4. Oath or Declaration Total Sheets 4 11. Preliminary Amendment Return Receipt Postcard (MPEP 503) (should be specifically itemized) Х Newly executed (original or copy) a. 12. Х Small Entity Copy from a prior application (37 C.F.R. .§ 1.63 (d)) Statement(s) Statement filed in prior application, b. 13. (for continuation/divisional with Box 16 completed (PTO/SB/09-12) Status still proper and desired i. DELETION OF INVENTOR(S) Signed statement attached deleting Certified Copy of Priority Document(s) Х 14 (if foreign priority is claimed) inventor(s) named in the prior application, 15. see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). Other: NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTIT FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28) 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional ☐ Continuation-in-part (CIP) of prior application No: Prior application information: Examiner_ Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS 23400 or 🔲 Correspondence address below (Insert Customer No. or Attach bar code label here) Name Address City Zip Code State Country

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Age	ent)	37,701	
Signature	NW N		Date	October 8, 2003	

Telephone

(703) 707-9110

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	Complete if Known				
FEE TRANSMITTAL	Application Number				
	Filing Date	October 8, 2003			
for FY 2004	First Named Inventor	MIURA et al.			
Effective 10/01/2003, Patent fees are subject to annual revision.	Examiner Name				
Applicant Claims small entity status. See 37 CFR 1.27	Art Unit				
TOTAL AMOUNT OF PAYMENT (6) 940	Attorney Docket No.	26H-006			

TOTAL AMOUNT OF PAYMENT (\$) 810					Attorney Docket No. 26H-006								
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)										
X Check Credit card Money Other None			3. ADDITIONAL FEES Large Entity Small Entity Fee Fee					For Poid					
Depos	sit Acc	count				Code	(\$)	Code	(\$)	Fee De	scription	Fee Paid	
Deposit Account	50	-1147				1051	130	2051	65	Surchar	ge - late filing fee or oath		
Number Deposit Account Name			BETHA	RDS,	PLC	1052	50	2052	25		Surcharge – late provisional filing fee or cover sheet		
The Comm	nissi	oner is auth	orized to: (c	heck all th	at apply)	1053	130	1053	130	Non-En	Non-English specification		
Charge	e fee(s	s) indicated belo	w X Cred	dit any overpa	ayments	1812	2,520	1812	2,520	For filing	or filing a request for ex parte reexamination		
X Charge	e any	additional fee(s	during the pen	idency of thi	s application	1804	920*	1804	920*		ting publication of SIR prior to er action		
		s) indicated belo fied deposit acco	ow, except for thount.	ne filing fee		1805	1,840*	1805	1,840*	Reques	ting publication of SIR after er action		
			ALCULAT	ION		1251	110	2251	55	Extensi	on for reply within first month		
1 BASIC	: EII	ING FEE				1252	420	2252	210	Extensi	on for reply within second month		
Large Enti		Small Entity				1253	950	2253	475		on for reply within third month		
Fee Fe	ē	Fee Fee		cription		1254	1,480	2254	740		on for reply within fourth month		
Code (\$)		Code (\$)	<u> </u>		Fee Paid	1255	2.010	2255	1005		on for reply within fifth month		
	- 1	2001 385	- , .		770	1401	330	2401	165		• •		
	340	2002 170	•	-		1401	330	2402	165		of Appeal		
1	- 1	2003 265	·							•	brief in support of an appeal		
	- 1	2004 385		•		1403	290	2403	145	•	t for oral hearing		
1005 1	160	2005 80) Provisional	filing fee		1451	1,510	1451	1,510		to institute a public use proceeding		
				—		1452	110	2452	55		to revive – unavoidable		
			BTOTAL (· \\\	770	1453	1,330	2453	665		to revive – unintentional		
2. EXTR	A CI	LAIM FEES	FOR UTIL		REISSUE	1501	1,330	2501	665	Utility is	sue fee (or reissue)		
	_		ctra Claims	Fee from below	Fee Paid	1502	480	2502	240	Design	issue fee		
Total Claims		5 -20**=	0 ×	18	=	1503	640	2503	320	Plant is	sue fee		
Independen Claims	⁷¹ :	2 - 3**=	0 ×	86	- 0	1460	130	1460	130	Petition	s to the Commissioner		
Multiple De	pend	ent			-	1807	50	1807	50	Process	sing fee under 37 CFR 1.17(q)		
Large Enti	ity	Small Entity				1806	180	1806	180	Submis	sion of Information Disclosure Stmt		
Fee Fe Code (\$	e	Fee Fee Code (\$)	Fee Des	cription		8021	40	8021	40		ng each patent assignment per	40	
	·	2202 9	Claims in e	excess of	20	1809	770	2809	385	Filing a	(times number of properties) submission after final rejection R § 1.129(a))		
1201	86	2201 43	Indepe nde	ent claims	in excess of 3	1810	770	2810	385		h additional invention to be		
1203 2	290	2203 145	Multiple de	pendent da	aim, if not paid	1801	770	2801	385		ed (37 CFR § 1.129(b)) for Continued Examination (RCE)		
1204 86 2204 43 **Reissue independent claims				1802	900	1802	900	Reques	t for expedited examination				
over original patent 1205 18 2205 9 **Reissue claims in excess of 20						ı		or a des	ign application				
and over original patent													
SUBTOTAL (2) (\$)0					Other	fee (spe	cify)			<u></u>			
** or number previously paid, if greater; For Reissues, see above				*Reduc	ed by Ba	sic Filing	Fee Paid		SUBTOTAL (3) (\$) 40				
SUBMITTED BY Complete (if applicable)													

Registration No. Name (Print/Type) DAVID G. POSZ 37,701 Telephone (703) 707-9110 (Attorney/Agent) Signature October 8, 2003 Date

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.